STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155423	A. BUILDING 01 B. WING	01/20/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMMOND-WHITING CARE CENTER	1000 114TH STREET WHITING, IN 46394

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 01/20/11 Facility Number: 000365 Provider Number: 155423 AIM Number: 100287460 Surveyor: Richard D. Schade, Life Safety Code Specialist At this Life Safety Code survey, Hammond-Whiting Care Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and resident sleeping rooms. The facility has a capacity of 80 and had a census of 68 at the time of this survey. Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 01/26/11. APPROVED 2/15/11 DH The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:	K 000		

RECEIVED
FEB 11 2011
LONG TERM CARE DIVISION
INDIANA STATE DEPARTMENT OF HEALTH

ENTERED FEB 14 2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cary Moore RD, MSN, HFA — TITLE: Administrator — (X6) DATE: 2/8/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: 1. Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift for 2 of the last 4 quarters. This deficient practice could effect all residents, staff and visitors in the event of an emergency. Findings include: Based on review of the facility's Fire Drill records and interview on 01/19/11 at 2:45 p.m. with the maintenance supervisor and facility administrator, there was no record of a third shift fire drill for the third quarter and a first shift fire drill for the fourth quarter of 2011. The maintenance supervisor stated he was not aware of the problem. 3.1-19(b) 3.1-51(c) 2. Based on record review and interview, the facility failed to provide suitable procedures to ensure the participation of all persons subject to routine fire drills participated on each shift for 5 of	K 050	K 050 NFAP 101 Life Safety Code Standard 1. No resident was immediately affected by this deficient practice 2. No other residents were immediately affected by this deficient practice 3. A tool has been developed with the month and shift time so that fire drills are conducted quarterly on each shift. Times of fire drills have been staggered. In-servicing will be completed by Friday Feb. 11, 2011 by the ED/designee, for safety committee and Maintenance Director regarding the requirements of fire drills including attachment of signatures of personnel who participated in each drill. 4. ED will be responsible for insuring compliance and will audit all fire drills for the first quarter to verify compliance with regulation. Audits will continue until 100% compliance is	

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K 050	Continued From page 2 12 months. LSC 4.7.2 requires the facility to have suitable procedures to ensure all persons subject to the drill participate. This deficient practice could effect all patients, staff and visitors in the event of an emergency. Findings include: Based on review of the facility's Fire Drill records and staff interview on 01/19/11 at 2:45 p.m. with the maintenance supervisor and facility administrator, the facility had no evidence or documentation the personnel participated in routine fire drills for the months of May, June, July, September and October of 2011. The maintenance supervisor stated at at the time of the record review, the facility has the sign off sheets for the noted months, he believes they are misplaced. 3.1-19(b) 3.1-51(c)	K 050	achieved. The audits will be discussed during our monthly QA meeting and our safety meeting. . QA committee will determine if continued auditing is necessary, plan to be amended when indicated. 5. Completion date Feb. 18, 2011	